

FORM**42**Rev
03/12**State of Colorado
Oil and Gas Conservation Commission**

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**OGCC RECEPTION****Receive Date:****05/23/2013****Document Number:****400423208****NOTICE OF NOTIFICATION****Entity Information**OGCC Operator Number: 66571Contact Person: Christina PierceCompany Name: OXY USA WTP LPPhone: (970) 263-3600Address: P O BOX 27757Fax: (970) 263-3698City: HOUSTON State: TX Zip: 77227Email: Christina_Pierce@oxy.comAPI #: 05 - 045 - 20973 - 00

Facility ID: _____

Location ID: _____

Facility Name: Cascade Creek 697-08-12ASec: 8Twp: 6SRange: 97WQtrQtr: NENWLat: 39.543600Long: -108.246370**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 05/28/2013Time: 08:00 (HH:MM)**Estimated first date of flow back June 5, 2013**

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Christina PierceEmail: Christina_Pierce@oxy.comSignature: Christina PierceTitle: Engineering TechDate: 05/23/2013